

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010148-2

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY
Encl #3
SAPC 25325
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				42	41
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Total		42	41
Shipped from _____ to _____ Weight _____ Government B/L No. _____							
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
STATINTL (Sign original only)				Differences _____			
Date 3/10/58 *Payee _____				Amount verified; correct for _____		42	41
Per _____ Title _____				(Signature or initials) _____			
Contract No. A-101		Date _____	Req. No. _____	Date _____	Invoice Rec'd. _____		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company check must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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Title _____

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Public Voucher for Purchase of
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2043
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> System III Direct Costs Properly Chargeable to Contract <u>A-101</u> for Week Ending 3/2/58 STATINTL					
				Production			Total
		Labor for Week Ending March 2, 1958					
		Overhead computed for Communications Division at interim rates as follows: Production - [REDACTED]					
		STATINTL					
		Total Labor and Overhead					
		G & A expense computed at interim rate of [REDACTED]					
		STATINTL					
		Total Costs					\$ 42.41

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